



Administration for Children & Families

Office of Refugee Resettlement

Authorization for Release of Records

Individuals seeking unaccompanied children (UC) case file information must submit a completed copy of this form and any required supporting documentation to the Office of Refugee Resettlement (ORR) following the instructions found on pages 5-8 of this form. ORR, in its discretion, may reject requests for case file information if the request is incomplete, does not follow the attached instructions, for safety reasons, or for other reasons, as necessary.

Section A: Subject of Request

Subject of Request	<input type="text"/>	Relationship to UC	<input type="text"/>		
UC Name	<input type="text"/>	A# [no spaces]	<input type="text"/>		
UC Alias	<input type="text"/>	Date of Birth	<input type="text"/>	Age	<input type="text"/>

Is the UC 14 years or older and unable to consent due to a diagnosed developmental disability? Yes No

Is the UC currently in ORR custody?

Yes, the UC is in care at: Care Provider Name

No, the UC lives at: Address

City State Zip Code

Section B: Reason for Request

I am requesting records for the purpose of:

- Representing the UC in immigration proceedings
- Representing the UC in a *Flores* bond hearing or matters related to ORR adjudications including placement in a restrictive setting or release from ORR custody
- Conducting an investigation involving the subject of the request
- Enrollment or continued enrollment in school
- Provision of medical services
- Other, specify:

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow attorneys, legal service providers, child advocates, government agencies, and other stakeholders to request UC case file records. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.

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Section C: Type of Request

- This is a standard request.
- This is an URGENT request and I am requesting expedited processing because:
- UC has a court or administrative hearing scheduled within 30 days
 - UC is turning 18 years old in less than 30 day
 - Records are needed for a CPS, law enforcement, or missing persons investigation related to the subject of the request
 - Records are needed for the UC's enrollment or continued enrollment in school
 - Records are needed for the provision of medical services to the UC
 - Other, specify:

Section D: Requesting Party

Name and Title

Organization

Email

Mailing Address

Address

City State Zip Code

Type of Requesting Party

- ORR-funded legal service provider (includes legal service providers, pro bono attorneys, volunteer attorneys, or other staff)
- Representative of a Federal/State government agency or the National Center for Missing and Exploited Children
- UC, Former UC, sponsor, or parent/legal guardian of a UC
- Other, specify:
- Attorney or Board of Immigration Appeals (BIA) accredited representative not funded by ORR
- Educational Institution
- Medical Provider

Section E: Records Requested

Check the boxes for each category of records you are requesting.

- UC Information
- Placement Documents
- Legal Information
- Medical Records
 - Immunization Records Only
- Educational Services
- Other, specify:
- Case Management Records
- Include Home Study Report
- Clinical/Mental Health Records
- Incident Reports
- Discharge/Release Information
- Post-Release Service Records

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Section F: Supporting Documentation

Check the boxes for the type of supporting documentation you are submitting with your request.

- | | |
|--|---|
| <input type="checkbox"/> Notice of Attorney Representation | <input type="checkbox"/> A statement on the organization's official letterhead that verifies that the requesting party is providing educational or medical services the subject of the record request |
| <input type="checkbox"/> A lawfully-issued subpoena or court order | |
| <input type="checkbox"/> Photo identification | <input type="checkbox"/> A statement on the agency's official letterhead verifying the requesting party's affiliation, specifies the scope of their investigation, and includes a case reference number |
| <input type="checkbox"/> Verification of Release | |
| <input type="checkbox"/> Notice of Hearing | |

If you are unable to provide the required supporting documents, provide a brief explanation why.

Section G: Authorization

For Release of UC Information

I hereby authorize ORR to provide copies of the records requested in Section E to the organization entered in Section D or any of its duly authorized representatives, including the individual named in Section D. I further authorize ORR to provide the organization entered in Section D with records created after submission of this initial request that fall into the categories of records requested in Section E upon receipt of a request for updated records. I understand that this information cannot be disclosed without my authorization and the law requires this notice. I understand that I have a legal right to refuse to sign this request and refusing to sign will not affect my placement in the ORR care provider facility, services provided to me by ORR, or ORR's decision to release me to my sponsor. I further understand that this consent expires one year from the date of my (or my caregiver's) signing and I may withdraw my consent at any time.

AUTHORIZING SIGNATURE:

Name

Date

WITNESS SIGNATURE:

Name

Date

For Release of Sponsor Information

I hereby authorize ORR to provide copies of the records requested in Section E to the organization entered in Section D or any of its duly authorized representatives, including the individual named in Section D without redacting any of my information. I further authorize ORR to provide the organization entered in Section D with records created after submission of this initial request that fall into the categories of records requested in Section E upon receipt of a request for updated records without redacting my information. I understand that this information cannot be disclosed without my authorization and the law requires this notice. I understand that I have a legal right to refuse to sign this request and refusing to sign will not affect ORR's decision to release the UC into my care. I further understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

AUTHORIZING SIGNATURE:

Name

Date

WITNESS SIGNATURE:

Name

Date

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ORR STAFF ONLY

Notes

Request completed by:

Name

Date

Is ORR management approval required? Yes No

Name

Date

Instructions

How to Complete the Authorization for Release of Records

Section A: Subject of the Request

Enter information about the person whose records you are requesting. This is usually a UC or the sponsor of a UC. If you are requesting records for someone other than the UC, enter information for the UC to whom that person's information would be connected. All fields, with the exception of UC Alias, are required in order for ORR to locate the correct case file. Note that the term UC is used throughout this form, however, this individual may have been released from ORR custody, may no longer be a UC, or may have become an adult. For the purposes of this form, the term UC is synonymous with released child, former UC, and released child who has become an adult.

Section B: Reason for Request

Indicate the reason you are requesting UC records.

Section C: Type of Request

Indicate whether your request is a standard or urgent request. Requests marked urgent for reasons other than those specified in this section are subject to approval at ORR's discretion after consideration of exigent circumstances.

Section D: Requesting Party

Enter information about you and your organization. Be sure to provide both an email and mailing address. ORR generally fulfills record requests via email. ORR will send files too large to be sent via email to your mailing address. ORR uses express delivery services when mailing records, therefore, the address provided must be a street address, not a post office box.

Section E: Records Requested

Check the boxes for each category of records you are requesting. See the table below for examples of the types of documents that fall under each category. Note that not all the example documents apply to every UC. If you do not need all the documents that fall under a category, you may request a specific document(s) by checking "Other" and specifying which document(s) you are requesting.

RECORD CATEGORY	EXAMPLES OF DOCUMENTS IN CATEGORY
UC Information	Name and A number, birth certificate, photograph
Placement Documents	<i>Placement Authorization, Intakes Placement Checklist</i> , inventory of property and cash, list of clothing and supplies distributed to UC, <i>Notice of Placement in a Restrictive Setting</i> , acknowledgement of receipt of orientation, acknowledgement of receipt of information regarding service providers
Legal Information	Acknowledgement of receipt of <i>Legal Resource Guide, G-28, Notice of Attorney Representation, Request for Specific Consent to Juvenile Court Jurisdiction, Specific Consent Request Case Summary, Motion for Change of Venue, Request for a Flores Bond Hearing, Motion to Request a Bond Hearing, Post Legal Status Plan</i> , EOIR documents, court documents, juvenile delinquency/criminal history records
Medical Records	<i>Authorization for Medical, Dental, and Mental Health Care, Initial Medical Exam, Supplemental TB Screening, Initial Dental Exam, Medical Complaint, Public Health Investigation, Serious Medical Procedure Request</i> , referral for medical services, medical diagnoses, documentation of communicable diseases, prescription and over-the-counter medication logs, record of dental exam, TB screening results, records of office and hospital visits, progress notes, immunization records, HIV/STI/STD testing results
Educational Services	Summary of educational assessments, individualized education program, education plan
Case Management Records	Case manager progress notes, recreation/activity log, telephone/visitor log, religious services log, stipend log, <i>30 Day Restrictive Placement Case Review</i> summaries, <i>Individual Service Plan, Home Study Report, Long-Term Foster Care Travel Request, Child Advocate Recommendation and Appointment, Home Study/Post-Release Service Referral</i>

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RECORD CATEGORY	EXAMPLES OF DOCUMENTS IN CATEGORY
Clinical/Mental Health Services	Progress notes from individual counseling sessions, group counseling notes or records, mental health services progress notes, mental health assessments, records of mental health office visits or hospitalizations, <i>Initial Intakes Assessment, Assessment for Risk, UC Assessment, UC Case Review, Disclosure Notice for Counseling Services, 30-Day Restrictive Placement Case Review</i>
Incident Reports	<i>Significant Incident Reports, Notification of Concern</i> , grievances/grievance reports
Discharge/Release Information	<i>Verification of Release, Discharge Notification, Release Request, Transfer Request, Transfer Summary and Tracking, Medical Checklist for Transfers, ORR Transfer Notification, ORR Release Notification, Care Provider Checklist for Transfers to Influx Care Facilities, Long-Term Foster Care Placement Memo</i> , log of documents provided to UC as discharge, log of property returned/disbursed at discharge, discharge checklist for medical records, Order of Removal, Trafficking Eligibility Letter
Post-Release Service Records	Records generated by post-release service providers

- In order to protect the safety and privacy of UC and sponsors, ORR will not release the following categories of information without a lawfully-issued subpoena or court order. ORR may also redact law enforcement-sensitive information, as well as information protected by privacy considerations.
- Internal communications, such as memoranda and emails by care provider staff or ORR, to the extent they are included in the case file (not all such emails and memos memoranda are considered case file information)
- Internal care provider incident reports
- *Sponsor Assessments*
- Family Reunification Packets
- Background check results
- Foster parent information
- Information pertaining to other UC who are not the subject of the information request, unless they are siblings of the child whose information is being requested
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- **Section F: Supporting Documentation**
- Use the table below to determine if you are required to provide supporting documentation.
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- Additionally, requesting parties who mark their request urgent because the UC has a hearing or proceeding within 30 days must submit a **Notice of Hearing**.
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TYPE OF REQUESTER	REQUIRED SUPPORTING DOCUMENTATION
Attorney or BIA accredited representative representing the child before an immigration court	<i>Notice of Attorney Representation</i>
Attorney representing the child in an ORR bond hearing or other individual matter related to transfer to a restrictive placement or release from ORR custody	<i>Notice of Attorney Representation</i>
Attorney representing the child on other individual matters	<i>Notice of Attorney Representation</i>
ORR-funded legal service provider (includes legal providers, pro bono attorneys, volunteer attorneys, or other staff)	<i>Notice of Attorney Representation</i>
Representative of a Federal/State government agency or the National Center for Missing and Exploited Children	A statement on the agency's official letterhead that verifies the requesting party's affiliation, specifies the scope of their investigation, and includes a case reference number OR A lawfully-issued subpoena or court order

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TYPE OF REQUESTER	REQUIRED SUPPORTING DOCUMENTATION
Current UC	None
Former UC	ORR <i>Verification of Release</i> form or government-issued photo identification (see UC Policy Guide Section 2.2.4 Required Documents for Submission with the Application for Release for a list of acceptable proof of identity documents)
Sponsor or parent/legal guardian	Government-issued photo identification (see UC Policy Guide Section 2.2.4 Required Documents for Submission with the Application for Release for a list of acceptable proof of identity documents)
Educational institution or medical provider	A statement on the organization's official letterhead verifying that the requesting party is providing educational or medical services the subject of the record request

Section G: Authorization

Use the tables below to determine who must provide an authorizing signature. All authorizing signatures must be accompanied by a witness signature.

Signature Requirements for Release of UC Records

IS THE UC IN ORR CUSTODY?	UC'S AGE	SIGNATURE REQUIREMENTS
Yes	14 Years Old or Older	UC and a witness
	14 Years Old or Older with a Diagnosed Developmental Disability OR Under 14 Years Old	None. ORR may release information in its discretion in the best interest of the child.
No	14 Years Old or Older	UC and a witness
	14 Years Old or Older with a Diagnosed Developmental Disability OR Under 14 Years Old	UC's caregiver (typically the sponsor) or a parent/legal guardian and a witness
		Note: If the child's caregiver refuses to sign, ORR will release case file information when legally required if the child's caregiver is the subject of a legal proceeding related to their care of the child.

Signature Requirements for Release of Sensitive Information

RECORD CATEGORY	SIGNATURE REQUIREMENTS
Medical Records	Child, the child's caregiver (typically the sponsor), or the child's parent/legal guardian
Clinical/Mental Health Records	Child, the child's caregiver (typically the sponsor), or the child's parent/legal guardian
Home Study Reports and Post-Release Service Records	Sponsor or potential sponsor

In cases where ORR would require the child's consent to share mental or medical health records, but the child in ORR custody is unable to consent due to age, a diagnosed developmental disability, or other medical or mental health condition, ORR generally presumes consent when the information is needed for the provision of services in accordance with Section 3.3 Care Provider

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Required Services.

Home Study Reports and Post-Release Service Records will not be provided without the signature of the sponsor or potential sponsor. In addition, if you do not provide the signature of the sponsor, potential sponsor, or sponsor household member, ORR will redact all information pertaining to those individuals found in other types of UC case file records.

Signature Requirements for Requests from Government Agencies

ORR prefers government agencies to obtain the authorizing signature of the subject of the request as outlined above. However, ORR in its discretion may release the following limited categories of records to the government agency without an authorizing signature:

- UC information (name and A number)
- Placement documents
- Legal information (name and contact information of UC's legal representative only)
- Educational services
- Case management records (telephone/visitor logs only)
- The following discharge/release information:
 - *Verification of Release*
 - *Discharge Notification*
 - *Notice of Transfer to ICE Chief Counsel - Change of Address/Change of Venue* (if applicable)
 - Copy of the Trafficking Eligibility Letter (if applicable)
 - Basic information on the Post-18 plan (name, relationship type, address and individual on Post-18 plan)

Despite the above exception, ORR will not release any records of the child or sponsor to a government agency if the records requested are clearly outside of the scope of the agency's authority or if the request appears to be for immigration enforcement purposes (even in cases where an authorizing signature is provided) absent a lawfully-issued subpoena or court order. Under no circumstances will ORR release any records when immigration enforcement is expressly identified as the purpose for the request.

How to Submit Your Request

How to Submit Your Initial Request

Submit a fully complete and signed (if required) copy of the *Authorization for Release of Records (ARR)* and all required supporting documents to UCRecords@acf.hhs.gov. The subject line of the email must read "ORR Records Request for UC First/Middle/Last Name Initials, XXX-XXX-last three digits of the alien number" (e.g., "ORR Records Request for UC ABCD, XXX-XXX-123").

If you are submitting an urgent request, you must mark the request as "URGENT" in the subject line of the email.

If you are resubmitting a previously rejected request, you must mark the request as a "RESUBMISSION" in the subject line of the email for faster processing.

Do not include personally identifiable information (PII) in the subject line or body of the email.

How to Request Additional Case File Documents

To request records created after your initial request was fulfilled, resubmit your *ARR* and supporting documents to UCRecords@acf.hhs.gov, indicate the category of records or specific document(s) you are requesting in the body of the email, and mark the request as an "UPDATE" in the subject line.

ORR will only provide updates for categories authorized in your initial submission. If you are requesting documents that fall under a category that was not checked in Section E of your initial submission, you must submit a new *ARR* and supporting documents.